

# Recipient Committee Campaign Statement Cover Page

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA  
FORM

460

Page 1 of 6

Official Use Only

Date of election if applicable:  
(Month, Day, Year)

Statement covers period  
from 01/01/06  
through 06/30/06

SEE INSTRUCTIONS ON REVERSE

BY: Aug 2 2006  
CITY OF SANTA MARIA  
City Clerk

## 1. Type of Recipient Committee: All Committees - Complete Parts 1, 2, 3, and 4.

- ☒ Officeholder, Candidate Controlled Committee  
☐ State Candidate Election Committee  
☐ Recall  
☐ General Purpose Committee  
☐ Sponsored  
☐ Small Contributor Committee  
☐ Political Party/Central Committee
- ☐ Priceholder, Candidate Controlled Measure  
☐ Committee  
☐ Controlled  
☐ Sponsored  
☐ Primarily Formed Candidate/Officeholder Committee  
☐ Primarily Formed Committee  
☐ Officeholder Committee  
☐ Political Party/Central Committee

## 2. Type of Statement:

- ☐ Preelection Statement  
☐ Semi-annual Statement  
☐ Termination Statement  
☒ Amendment (Explain below)  
☐ Quarterly Statement  
☐ Special Odd-Year Report  
☐ Supplemental Preelection Statement - Attach Form 495
- To report corrected expenditure

## 3. Committee Information

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council

I.D. NUMBER  
1227669

## Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2450 Professional Pkwy, Suite 220

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria CA 93455 805-346-8407

NAME OF ASSISTANT TREASURER, IF ANY

Trent Benedetti

MAILING ADDRESS

2151 S College Drive, Suite 101

CITY STATE ZIP CODE AREA CODE/PHONE

Santa Maria CA 93455 805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

## 4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 7/31/06 Date

Executed on 7/31/06 Date

Executed on Date

Executed on Date

By Trent Benedetti Signature of Treasurer or Assistant Treasurer

By Alice M. Salazar Signature of Controlling Officerholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By Signature of Controlling Officerholder, Candidate, State Measure Proponent

By Signature of Controlling Officerholder, Candidate, State Measure Proponent

Type or print in ink.

COVER PAGE - PART 2

**Recipient Committee  
Campaign Statement  
Cover Page — Part 2**

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**5. Officeholder or Candidate Controlled Committee**

NAME OF OFFICEHOLDER OR CANDIDATE			
Alice Patino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE)			
City Council - City of Santa Maria			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET)	CITY	STATE	ZIP
2450 Professional Pkwy, Suite 220	Santa Maria	CA	93455

**Related Committees Not Included in this Statement:** List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

**6. Primarily Formed Ballot Measure Committee**

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.	
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

**7. Primarily Formed Candidate/Officeholder Committee** List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement  
Summary Page

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SUMMARY PAGE

SEE INSTRUCTIONS ON REVERSE	Statement covers period from 01/01/06 through 06/30/06	CALIFORNIA FORM 460 Page 3 of 5
NAME OF FILER Alice Patino for City Council	I.D. NUMBER 1227669	

Contributions Received

	Column A TOTAL THIS PERIOD (FROM ATTACHED SCHEDULES)	Column B CALENDAR YEAR TOTAL TO DATE
1. Monetary Contributions .....	Schedule A, Line 3 0.00 \$	0.00
2. Loans Received .....	Schedule B, Line 3 0.00	0.00
3. SUBTOTAL CASH CONTRIBUTIONS .....	Add Lines 1 + 2 0.00 \$	0.00
4. Nonmonetary Contributions .....	Schedule C, Line 3 0.00	0.00
5. TOTAL CONTRIBUTIONS RECEIVED .....	Add Lines 3 + 4 0.00 \$	0.00

Expenditures Made

6. Payments Made .....	Schedule E, Line 4 15.25 \$	15.25
7. Loans Made .....	Schedule H, Line 3 0.00	0.00
8. SUBTOTAL CASH PAYMENTS .....	Add Lines 6 + 7 15.25 \$	15.25
9. Accrued Expenses (Unpaid Bills) .....	Schedule F, Line 3 68.75	68.75
10. Nonmonetary Adjustment .....	Schedule C, Line 3 0.00	0.00
11. TOTAL EXPENDITURES MADE .....	Add Lines 8 + 9 + 10 84.00 \$	84.00

Current Cash Statement

12. Beginning Cash Balance .....	Previous Summary Page, Line 16 1221.24 \$
13. Cash Receipts .....	Column A, Line 3 above 0.00
14. Miscellaneous Increases to Cash .....	Schedule I, Line 4 0.00
15. Cash Payments .....	Column A, Line 8 above 15.25
16. ENDING CASH BALANCE .....	Add Lines 12 + 13 + 14, then subtract Line 15 1205.99 \$
If this is a termination statement, Line 16 must be zero.	

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED .....	Schedule B, Part 2 0.00 \$
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Cash Equivalents and Outstanding Debts

18. Cash Equivalents .....	See instructions on reverse 0.00 \$
19. Outstanding Debts .....	Add Line 2 + Line 9 in Column B above 68.75 \$

Calendar Year Summary for Candidates  
Running in Both the State Primary and  
General Elections

20. Contributions Received .....	1/1 through 6/30 7/1 to Date \$
21. Expenditures Made .....	\$

Expenditure Limit Summary for State  
Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)	Total to Date
Date of Election (mm/dd/yy)	/ / \$
	/ / \$

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

\*Amounts in this section may be different from amounts reported in Column B.

Schedule E  
Payments Made

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

SEE INSTRUCTIONS ON REVERSE		Statement covers period from 01/01/06 through 06/30/06		SCHEDULEE CALIFORNIA FORM 460	
NAME OF FILER Alice Patino for City Council		Page 4 of 5		I.D. NUMBER 1227669	

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

- |   |   |   |
|---|---|---|
| CMP campaign paraphernalia/misc.                                  | MBR member communications                     | RAD radio airtime and production costs                        |
| CNS campaign consultants  | MTG meetings and appearances                  | RFD returned contributions                                    |
| CTB contribution (explain nonmonetary)*                           | OFC office expenses                           | SAL campaign workers' salaries                                |
| CVC civic donations   | PET petition circulating                      | TEL t.v. or cable airtime and production costs                |
| FIL candidate filing/ballot fees                                  | PHO phone banks                               | TRC candidate travel, lodging, and meals                      |
| FND fundraising events  | POL polling and survey research               | TRS staff/spouse travel, lodging, and meals                   |
| IND independent expenditure supporting/opposing others (explain)* | POS postage, delivery and messenger services  | TSF transfer between committees of the same candidate/sponsor |
| LEG legal defense   | PRO professional services (legal, accounting) | VOT voter registration  |
| LIT campaign literature and mailings                              | PRT print ads                                 | WEB information technology costs (internet, e-mail)           |

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR	DESCRIPTION OF PAYMENT	AMOUNT PAID

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

Schedule E Summary

- |  |                |
|--|----------------|
| 1. Itemized payments made this period. (Include all Schedule E subtotals.)   | \$             |
| 2. Unitemized payments made this period of under \$100   | \$ 15.25       |
| 3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)                   | \$             |
| 4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.) | TOTAL \$ 15.25 |

# **Schedule F** **Accrued Expenses (Unpaid Bills)**

Type or print in ink.  
Amounts may be rounded  
to whole dollars.

Statement covers period from 01/01/06 through 06/30/06		CALIFORNIA FORM <b>460</b>
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SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

**CODES:** If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF CREDITOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE OR DESCRIPTION OF PAYMENT	(a) OUTSTANDING BALANCE BEGINNING OF THIS PERIOD	(b) AMOUNT INCURRED THIS PERIOD	(c) AMOUNT PAID THIS PERIOD (ALSO REPORT ON E)	(d) OUTSTANDING BALANCE AT CLOSE OF THIS PERIOD
Benedetti & Associates, CPA, Inc 2151 S College Drive, Suite 101 Santa Maria, CA 93455	PRO	68.75	68.75		68.75

\* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

<b>SUBTOTALS \$</b>	68.75	\$	68.74	\$	68.75
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## **Schedule F Summary**

- Total accrued expenses incurred this period. (Include all Schedule F, Column (b) subtotals for accrued expenses of \$100 or more, plus total unitemized accrued expenses under \$100.) **INCURRED TOTALS \$** 68.75
- Total accrued expenses paid this period. (Include all Schedule F, Column (c) subtotals for payments on accrued expenses of \$100 or more, plus total unitemized payments on accrued expenses under \$100.) **PAID TOTALS \$**
- Net change this period. (Subtract Line 2 from Line 1. Enter the difference here and on the Summary Page, Column A, Line 9.) **NET \$** 68.75  
May be a negative number